C No O N/A 13 Yes O No O N/A 13 C Yes ONO C N/A 13 Yes O No O N/A 13 C Yes G No C N/A 13 C Yes C No C N/A 15 O Yes O No O N/A 13 C No O N/A C No. O N/A Yes ONO QN/A Yes O No O N/A Amount Actualy Charged Amount That Should Have Been Charged Error Score: N/A TSS QAS: abe X X O Yes Yes LIE Examiner's initials or cross-through lines supplied for each item Date(s) supplied/complete on all PTO-1449/892 sheets (Month Continuing data mentioned in 1st paragraph (can be an insert) Total points earned: 0 Claims correctly numbered in index. (No duplicate or missing claim Claims listed on Notice of Allowability match allowed claims **Issue Processing** Cluster Date: **Tech Center:** 図 OJACKET / ISSUE CLASSIFICATION SHEET The title of the application matches the claim. 🔿 CRFE-COMPUTER READABLE FORM If necessary (bilogical sequence listing) Size 🔀 Color Primary Examiner box complete Issuing Classification complete numbers. And no incorrect dependencies) One sheet of complete claims Review Type: Issue Revision Total applicable points: 0 ☐ Examiner's amendment TSS QAS REVIEW SHEET TITLE (design only) Application Number: and/or index of claims SPECIFICATION C PTO-892/1449 and year required) cited by applicant Paragraph 🔂 Font Comments: 👁 O RAM FEES Applicable Fees C CLAIMS drawings Close Without Save & Close Saving Print

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